

**NELSON COUNTY DIXIE YOUTH BASEBALL**  
**Nelson County Parks & Recreation**  
P.O. Box 442 Lovington, VA 22949 PH: 434.263.7130 Fax: 434.263.6022  
**FALL BASEBALL REGISTRATION FORM**

2018  
Register by August 17  
Price per player: \$55  
Sponsors: \$150

**PLEASE PRINT CLEARLY** – Print name as listed on birth certificate!

\_\_\_\_\_  
Players Last Name                      Players First Name                      Players Full Middle Name                      Nickname (if used)

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Gender: \_\_ Male \_\_ Female                      School: \_\_\_\_\_  
                    Month      day      year

**911 Address (physical address/not PO Box):** \_\_\_\_\_

County of Residence: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Baseball information will be sent to your email.

List SIBLINGS that are in the SAME AGE group: \_\_\_\_\_

We need volunteers, please circle where you can help:

1. COACH                      2. ASSISTANT COACH                      3. TEAM PARENT                      4. UMPIRE                      5. TEAM SPONSOR (\$150)

\*\*\*\*\*In the event of illness or injury to my child, which in the judgment of the NCPR/Dixie Youth staff & volunteers, requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I, the parent or guardian of the above named child hereby give my approval to his/her participation in any and all Nelson County Dixie Youth Baseball activities during the current season. I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Nelson County Parks & Recreation, The County of Nelson, Nelson County Dixie Youth Baseball, the organizers, sponsors, supervisors, participants and persons transporting my son/daughter except to the extent in the amount covered by accident insurance. I understand that baseball is a dangerous sport and my child or legal dependent may sustain an injury that could cause permanent disability or death while participating in this sport.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

. \*\* NCDYB carries accident insurance on all players and volunteers through Sadler Insurance Company. This insurance coverage is secondary. You must first file any claim with your insurance company. After your insurance has paid or declined your claim, then you may file your claim with Sadler Insurance Company. If you have no insurance, you may file with Sadler Insurance Company as soon as you get the bills. Insurance forms can be requested at the concession stand. You should report any accident that requires medical attention to your team manager/coach as soon as possible.

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by NCPR.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Primary Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Group # \_\_\_\_\_

**OVER**

TEAM ASSIGNMENT: